



34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 6DB
TEL: 01388 813267 or 0191 258 5956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

335033

Customer's Name JONSON
Address 29 HIGH BRIDGE
GOSFORTH
Post Code NE32HA

Tel. home
Tel. work
mobile 07974457220
email

DATE MEASURED/ORDERED
30/5/19

Measured By:
RDF

SPECIAL INSTRUCTIONS

To be surveyed
last on price

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	X1
ROLLERS	
ROMANS	
SHUTTERS	X5 + 1 for motor
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Fitted By _____ DATE _____ DAY _____ AM _____ PM

rail type & colour			white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets	
alum	white	brown							top	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price	
Lounge	395	1445	63	001 PEARL WHITE SEATTLE	L MID	2100	142.00	
Bed	1175	1445	→	→	→	1XL	424.00	
Bed	395	1445	→	→	→	1XR	142.00	
LH BED	1175	1065	→	→	→	1XL	312.00	
RH BED	1175	1065	→	→	→	1XR	312.00	
* KITCHEN	1150	1030	→	→	→	TO BE DONE LATER AFTER WORK COMPLETED	296.00	
* L4 REAR BED	1175	1070	DOOR SLAT LINER	→	→	2100	126.00	
SUB TOTAL								
PAY 2X BEDS								= £1332.00

SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. IF YOU REFUSE TO ALLOW A SAFETY DEVICE TO BE FITTED, THEN THE GOODS WILL NOT BE INSTALLED, AND UNDER THESE CIRCUMSTANCES YOU WILL STILL BE LIABLE TO PAY THE FULL PRICE UNDER YOUR CONTRACT. YOU ARE STILL BOUND TO ACCEPT DELIVERY OF THE GOODS AND TO PAY FOR BOTH THE FITTING AND INSTALLATION EVEN ALTHOUGH INSTALLATION HAS NOT BEEN CARRIED OUT.

I have ordered the above goods and agree to pay the amount shown in full at the time of fitting. If payment is not made in full at that time Scotblinds, has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

